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WEMMH PTO/SB/22 (7/05)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>		Docket Number (Optional) 5659-3
Application Number	10/634,178	Filed 8/5/2003
For	Energy Absorbing Wall System and Method of Use	
Art Unit	3637	Examiner Phi Dieu Tran A

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ <u>60</u>
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-3030. I have enclosed a duplicate copy of this sheet.

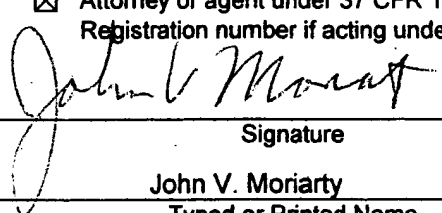
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.171.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 26,207

☒ Attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a): _____

	June 26, 2006
Signature	Date
John V. Moriarty	(317) 634-3456
Typed or Printed Name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ *Total of _____ forms are submitted.

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